FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

	ction 1(b).	nuc. See		Filed						ies Exchang npany Act o		1934		nours	s per re	esponse:	0.5
Name and Address of Reporting Person* Vergis Janet S.				2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]							Relationship of Reporting (Check all applicable) X Director			ng Person(s) to Issuer 10% Owner			
(Last) 13320 B	`	rst) (N	Middle) ΓΕ PLAC	CE	3. Date of Earliest Transaction (Month/Day/Year) 05/21/2020						Office below	er (give title w)	Other (specification)		specify		
(Street) CHARL (City)			8277 Zip)		4. If A	mend	ment, Date	of Origina	al Filed	d (Month/Da	ay/Year)			n filed by On	ne Rep	porting Pers	on
		Table	I - Non	-Deriva	tive S	Secu	rities Ac	quired,	Dis	posed of	, or B	enefic	ially Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		Transaction Disposed Of Code (Instr. 5)		es Acquired (A) or Of (D) (Instr. 3, 4 aı				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	v	Amount	(A) c (D)	Price	Transa	Transaction(s) (Instr. 3 and 4)			(111311. 4)		
Common Stock 05/21/				/2020		A		4,766(1)) A	\$	0 6,7	6,784.844		D			
		Tal								osed of, convertib			lly Owne s)	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of Securities Sec		8. Price of Derivative Security (Instr. 5)	derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Date Exercisable

Expiration Date

Explanation of Responses:

1. This grant consists entirely of Restricted Stock Units (RSUs) that vest in full (restrictions lapse) one year from date of grant.

Dane Baumgardner, Attorney-05/22/2020 **In-Fact for Janet S. Vergis**

** Signature of Reporting Person Date

of Shares

Title

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code V

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

(D)